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FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

						12 DEC		
. (a) Name of Candidate (in full)							ιij	भाग हि
Benjamin L Cardin								
(b) Address (number and street) P.O. Box 21093	☐ Check if address changed			Candidate's FEC Identification Number S6MD03177				
(c) City, State, and ZIP Code				3. Is This	N	ew		Amended
Catonsville		MD 21	228	Statement	× (1	N) OR		(A)
Party Affiliation	5. Office Sought	•		rict of Candidate				
DEMOCRATIC PARTY	Senate		MD	00				
DE	ESIGNATION OF	PRINCIPA	L CAMPAIGN	N COMMITTI	EE			
I hereby designate the following na	med political committee	e as my Princip	al Campaign Comr		2018	election	on(s).	
NOTE: This designation should be	filed with the appropria	te office listed i	n the instructions.	(yea	ar of elec	ction)		
(a) Name of Committee (in full)								
Ben Cardin for Sen	ate							
(b) Address (number and street) P.O. Box 21093								
1 .G. Box 21000		·						
(c) City, State, and ZIP Code								
Catonsville	·	ig Joint Fundrai	sing Representativ	es)		spend funds	on beha	alf of my
Catonsville DE	(Includin	ig Joint Fundrai	UTHORIZED sing Representative cipal campaign con	COMMITTEI		pend funds	on beha	alf of my
Catonsville DE I hereby authorize the following naticandidacy. NOTE: This designation should be	(Includin	ig Joint Fundrai	UTHORIZED sing Representative cipal campaign con	COMMITTEI		pend funds	on beha	alf of my
Catonsville DE I hereby authorize the following naticandidacy.	(Includin med committee, which i	ig Joint Fundrai	UTHORIZED sing Representative cipal campaign con	COMMITTEI		pend funds	on beha	alf of my
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Catonsville DE I hereby authorize the following naticandidacy. NOTE: This designation should be (a) Name of Committee (in full) RI MN MD Victory II (b) Address (number and street) 426 C Street, NE Suite 202	(Includin med committee, which i	ig Joint Fundrai	UTHORIZED sing Representative cipal campaign con	COMMITTEI		pend funds	on beha	alf of my
I hereby authorize the following nat candidacy. NOTE: This designation should be (a) Name of Committee (in full) RI MN MD Victory for the control of the	(Includin med committee, which i	ig Joint Fundrai	UTHORIZED sing Representative cipal campaign connittee.	COMMITTEI es) nmittee, to receive	e and ex			alf of my
Catonsville DE I hereby authorize the following naticandidacy. NOTE: This designation should be (a) Name of Committee (in full) RI MN MD Victory f (b) Address (number and street) 426 C Street, NE Suite 202 (c) City, State, and ZIP Code Washington	(Includin med committee, which i filed with the principal o	ig Joint Fundrai	UTHORIZED sing Representative cipal campaign connittee.	COMMITTEI es) nmittee, to receive	e and ex			alf of my
I hereby authorize the following narcandidacy. NOTE: This designation should be (a) Name of Committee (in full) RI MN MD Victory f (b) Address (number and street) 426 C Street, NE Suite 202 (c) City, State, and ZIP Code Washington I certify that I have excignature of Candidate	(Includin med committee, which in filed with the principal of the principa	g Joint Fundrai	UTHORIZED sing Representative cipal campaign connittee.	COMMITTEI es) nmittee, to receive 20002 and belief it is true	e and ex			alf of my
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I hereby authorize the following narcandidacy. NOTE: This designation should be (a) Name of Committee (in full) RI MN MD Victory f (b) Address (number and street) 426 C Street, NE Suite 202 (c) City, State, and ZIP Code Washington I certify that I have examing the content of Candidate lenjamin L. Cardin	(Including med committee, which is filed with the principal of the committee which is statement and this Statement and the committee which is statement.	g Joint Fundrai	UTHORIZED sing Representative cipal campaign connittee. DC of my knowledge a	20002 and belief it is true Date 12/04/2012	e and ex	and comple	ete.	

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)			Page 2 /
DESIGNATION OF OTH (Including Joi	HER AUTHORIZED Control Fundraising Representation		[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my princandidacy.	ncipal campaign committee, to	receive and expend funds	on behalf of my
NOTE:This designation should be filed with the principal care	npaign committee.		
(e) Name of Committee (in full) CA RI MN MD VICTORY FUND			
(b) Address (number and street) 426 C Sreet, NE		,	
(c) City, State and ZIP Code			
Washington	DC	20002	
DESIGNATION OF OTH (Including Jo	HER AUTHORIZED O		[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my pricandidacy.	ncipal campaign committee, to	receive and expend funds	s on behalf of my
NOTE: This designation should be filed with the principal can	npaign committee.		
(a) Name of Committee (in full)			
Senate Victory 2012			
(b) Address (number and street) 426 C Street, NE			
(c) City, State and ZIP Code			
Washington	DC	20002	
DESIGNATION OF OTH	HER AUTHORIZED C		[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my princandidacy.	ncipal campaign committee, to	receive and expend funds	on behalf of my
NOTE:This designation should be filed with the principal can	npaign committee.		
(a) Name of Committee (in full)			
Maryland Delaware Victory Fund			
(b) Address (number and street) 426 C Street, NE	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
420 O 011001, NE			
(c) City, State and ZIP Code	······································		<u> </u>

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02	/2003)				Page 3 / 3
		ON OF OTHER A (Including Joint Fund			[ADDITIONAL]
I hereby authorize the following nam candidacy.	ned committee, which	h is NOT my principal ca	mpaign committee, to r	receive and expend funds of	on behalf of my
NOTE: This designation shou	uld be filed with the	e principal campaign o	committee.		
(a) Name of Committee (in f Cardin-Maryland	•	12			
(b) Address (number and str PO Box 70980	reet)				
(c) City, State and ZIP Code)				····
Washington			DC	20024	
	DESIGNATIO	ON OF OTHER A			[ADDITIONAL]
I hereby authorize the following nam candidacy.	ned committee, which	h is NOT my principal ca	mpaign committee, to i	receive and expend funds	on behalf of my
NOTE: This designation sho	uld be filed with the	e principal campaign o	committee.		
(a) Name of Committee (in f	full)				
(b) Address (number and str	reet)				
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I hereby authorize the following name	ned committee, which	h is NOT my principal car	mpaign committee, to r	eceive and expend funds	on behalf of my
NOTE:This designation shou	uld be filed with the	e principal campaign o	committee.		
(a) Name of Committee (in f	ull)			·····	
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(c) City, State and ZIP Code)			· · · · · · · · · · · · · · · · · · ·	

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HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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